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ACCOUNT INFORMATION CHANGE

To ensure accuracy of all account information, the GET Program requires the account Purchaser, as legal owner of the contract with the state of Washington, to sign for any account changes. As legal Purchaser/Owner, I authorize the following change requests:

ACCOUNT NUMBER (S)		
CURRENT INFORMATION		CHANGE TO
	PURCHASER	
	Name	
	Social Security Number	
	Street Address / Apt Number	
	Post Office Box Number	
	City / State / Zip Code	
	E-Mail Address	
	Telephone Number(s)	
	STUDENT	
	Name	
	Social Security Number	
	Birth Date	
	Benefit Use Year <i>Fall Term</i>	
	Street Address / Apt Number	
	Post Office Box Number	
	City / State / Zip Code	
	E-Mail Address	
	Telephone Number(s)	
	INFORMATION RELEASE	
	Name	
	Social Security Number	
	Street Address / Apt Number	
	Post Office Box Number	
	City / State / Zip Code	
	E-Mail Address	
	Telephone Number(s)	
	PURCHASER SURVIVOR	
	Name	
	Social Security Number	
	Street Address / Apt Number	
	Post Office Box Number	
	City / State / Zip Code	
	E-Mail Address	
	Telephone Number(s)	
I certify that the above information is true and accurate to the best of my knowledge.		
Purchaser's Signature / Date		

Please send to: GET, PO BOX 43450, OLYMPIA WA 98504-4350

Thank You!